

DATE: 5-17-01 FROM: Tress (print name)

FORWARD TO:

A. Art Unit: 2661

B. Class: 370

C. Subclass: _____

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): _____

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

Csm 4 Protocol & Scheduling Fees

DATE: 6/7/01 FROM: Lee (print name)

FORWARD TO:

A. Art Unit: _____

B. Class: _____

C Subclass: _____

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

API Scheduling

DATE: _____ FROM: _____ (print name)

FORWARD TO CLASSIFIER

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____ CLASSIFIER: _____

FORWARD TO:

A. Art Unit: _____

B. Class: _____

C Subclass: _____

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED: